

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	/
2	/						52	/
3	/						53	/
4		/					54	/
5		/					55	/
6	/						56	/
7		/					57	/
8		/					58	/
9	/						59	/
10		/					60	/
11							61	/
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19	/						69	
20		/					70	
21		/					71	
22		/					72	
23	/						73	
24	/						74	
25	/	/					75	
26	/						76	
27	/						77	
28	/						78	
29	/						79	
30		/					80	
31	/						81	
32	/						82	
33	/						83	
34	/						84	
35	/						85	
36	/						86	
37	/						87	
38		/					88	
39		/					89	
40		/					90	
41	/						91	
42	/						92	
43	/						93	
44	/						94	
45	/						95	
46	/						96	
47	/						97	
48	X						98	
49	/						99	
50	/						100	
TOTAL IND.							TOTAL IND.	39
TOTAL DEP.							TOTAL DEP.	22
TOTAL CLAIMS							TOTAL CLAIMS	61